| Fill in this information to identify your case:   | Check one box only as directed in this form and in Form   |
|---|---|
| Debtor 1 ELISA ZAYAS ZAYAS  | 122A-1Supp:   |
| Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the: District of Puerto Rico  Case number (if known)  3:15-bk-7825 | ■ 1. There is no presumption of abuse  □ 2. The calculation to determine if a presumption of abuse applies will be made underChapter 7 Means Test Calculation (Official Form 122A-2).  □ 3. The Means Test does not apply now because of qualified military service but it could apply later. |
|   | ☐ Check if this is an amended filing  |

## Official Form 122A - 1

## **Chapter 7 Statement of Your Current Monthly Income**

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

| itary service, complete and file Statement of Exemption from Pr   | esumption of Abuse Under   | 707(b)(2)                | (Official Form 12                                  | 22A-1Supp) with this form.             |  |  |
|---|--|--------------------------|--|--|--|--|
| art 1: Calculate Your Current Monthly Income  |  |                          |  |  |  |  |
| . What is your marital and filing status? Check one only  |  |                          |  |  |  |  |
| Not married. Fill out Column A, lines 2-11.   |  |                          |  |  |  |  |
| ☐ Married and your spouse is filing with you. Fill out  |  | es 2-11.                 |  |  |  |  |
| ☐ Married and your spouse is NOT filing with you. You   |  |                          |  |  |  |  |
| ☐ Living in the same household and are not legally  | y separated. Fill out both (   | olumns A                 | and B, lines 2-                                    | 11.                                    |  |  |
| Living separately or are legally separated. Fill outpenalty of perjury that you and your spouse are legal apart for reasons that do not include evading the Me  | lly separated under nonban<br>eans Test requirements. 11                                   | kruptcy lav<br>U.S.C § 7 | v that applies or 07(b)(7)(B).                     | that you and your spouse are living    |  |  |
| Fill in the average monthly income that you received from all significance of the sample, if you are filling on September 15, the 6-mo 6 months, add the income for all 6 months and divide the total by 6 own the same rental property, put the income from that property in         | nth period would be March 1 to   | rough Aug<br>e anv incon | ne amount more to<br>port for any line, to<br>nn A | han once. For example, if both spouses |  |  |
| <ol> <li>Your gross wages, salary, tips, bonuses, overtime, an payroll deductions).</li> <li>Alimony and maintenance payments. Do not include p Column B is filled in.</li> </ol>   |  | \$<br>\$                 | 1,984.51   | \$\$                                   |  |  |
| 4. All amounts from any source which are regularly pair<br>of you or your dependents, including child support. I<br>from an unmarried partner, members of your household, y<br>roommates. Include regular contributions from a spouse<br>Do not include payments you listed on line 3 | nclude regular contribution<br>our dependents, parents, a<br>only if Column B is not fille | s<br>nd                  | 0.00   | \$                                     |  |  |
| 5. Net income from operating a business, profession, o  | Debtor 1   |                          |  |  |  |  |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses Net monthly income from a business, profession, or farm  | \$ 0.00<br>-\$ 0.00<br>0.00 Copy her   | e -> \$                  | 0.00   | \$                                     |  |  |
| 6. Net income from rental and other real property   | Debtor 1   |                          |  |  |  |  |
|   | \$ 0.00  |                          |  |  |  |  |
| Gross receipts (before all deductions)  | -\$ 0.00<br>-\$  |                          |  |  |  |  |
| Ordinary and necessary operating expenses  Net monthly income from rental or other real property  | \$ 0.00 Copy her   | e -> \$                  | 0.00   | \$                                     |  |  |
| Net monthly income from rental of other real property  7. Interest, dividends, and royalties  | *  | \$                       | 0.00   | \$                                     |  |  |

## Case:15-07825-ESL7 Doc#:108 Filed:01/12/21 Entered:01/12/21 14:36:53 Desc: Main Document Page 2 of 3

| ebtor                 | ZAYAS ZAYAS, ELISA   |   | Case numbe           | r (if known) | 3:15-bk-7825                              |
|-----------------------|--|---|----------------------|--------------|---|
|                       |  |   | Column A<br>Debtor 1 |              | Column B Debtor 2 or non-filing spouse    |
| 8. <b>l</b>           | Inemployment compensation  |   | \$                   | 0.00         | \$  |
| [                     | Oo not enter the amount if you contend that the amount received was a bene<br>Social Security Act. Instead, list it here:  | efit under the  | -                    |              |   |
|                       | For you \$   | 0.00  |                      |              |   |
|                       | For your spouse \$   |   |                      |              |   |
| i<br>(6<br>6<br>t     | Pension or retirement income. Do not include any amount received that we under the Social Security Act. Also, except as stated in the next sentence, described any compensation, pension, pay, annuity, or allowance paid by the Use Government in connection with a disability, combat-related injury or disability in member of the uniformed services. If you received any retired pay paid under of title 10, then include that pay only to the extent that it does not exceed the fretired pay to which you would otherwise be entitled if retired under any profitle 10 other than chapter 61 of that title.  Income from all other sources not listed above. Specify the source and | o not<br>Inited States<br>y, or death of<br>der chapter<br>the amount<br>rovision of<br>I amount. | \$                   | 0.00         | \$  |
| ,<br>,<br>,<br>,<br>, | On not include any benefits received under the Social Security Act; payment under the Federal law relating to the national emergency declared by the Presender the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect coronavirus disease 2019 (COVID-19); payments received as a victim of a verime against humanity, or international or domestic terrorism; or compension, pay, annuity, or allowance paid by the United States Government in with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and selow.  | as made<br>esident<br>t to the<br>war crime, a<br>sation<br>n connection<br>he                    |                      |              |   |
|                       |  |   | \$                   | 0.00         | \$  |
|                       |  |   | \$                   | 0.00         | \$  |
|                       | Total amounts from separate pages, if any.   | +   | \$                   | 0.00         | \$  |
| ant                   | Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  Determine Whether the Means Test Applies to You   | \$  | 1,984.51             | * _          | \$ 1,984.51  Total current monthly income |
| 12 (                  | Calculate your current monthly income for the year. Follow these steps   | S:  |                      |              | ·   |
|                       | 2a. Copy your total current monthly income from line 11  |   | Сор                  | y line 11 l  | s 1,984.51                                |
|                       | Multiply by 12 (the number of months in a year)  |   |                      |              | x 12                                      |
|                       | 12b. The result is your annual income for this part of the form  |   |                      |              | 12b. \$ 23,814.12                         |
| 13.                   | Calculate the median family income that applies to you. Follow these s   | steps:  |                      |              |   |
|                       | Fill in the state in which you live.   | _   |                      |              |   |
|                       | Fill in the number of people in your household.  |   |                      |              | 24 249 00                                 |
|                       | Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the lir form. This list may also be available at the bankruptcy cleix office.  | nk specified  | in the separa        | ate instruct | 13. \$ <b>24,248.00</b>                   |
| 14.                   | How do the lines compare?  |   |                      |              |   |
|                       | Line 12b is less than or equal to line 13. On the top of page of Go to Part 3. Do NOT fill out or file Official Form 122A-2.  Line 12b is more than line 13. On the top of page 1, check be  |   |                      |              |   |
| art                   | Go to Part 3 and fill out Form 122A2.  |   |                      |              |   |
|                       | By signing here, I declare under penalty of perjury that the information   | on this state   | ment and in a        | any attachi  | ments is true and correct.                |
|                       | v Cline June June  |   |                      |              |   |

Official Form 122A-1

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| Debtor 1 ZA | YAS ZAYAS, ELISA  | Case number (if known) | 3:15-bk-7825 |
|-------------|---|------------------------|--------------|
| 18          | ELISA ZAYAS ZAYAS<br>Signature of Debtor 1                            |                        |              |
|             | January 12, 2021<br>MM / DD / YYYY                                    |                        |              |
| If y        | ou checked line 14a, do NOT fill out or file Form 122A-2.             |                        |              |
| If y        | ou checked line 14b, fill out Form 122A-2 and file it with this form. |                        |              |